

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 225
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Christman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Christa Williams III
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. 1 6. Legitimate? Yes 7. Date of birth Aug 29 1926
Month Day Year

8. FATHER Full name James Christa Williams Jr 14. MOTHER Full maiden name Vera Begley
9. Residence Christman 15. Residence Christman
(Usual place of abode) (Usual place of abode)
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 36 (Years) 16. Color or race White 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Buena Vista 18. Birthplace (city or place) Horman Flat
(State or country) Colo (State or country) Arizona

13. Occupation Electrician 19. Occupation Housewife
Nature of Industry Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 3:00 p.m. on the date above stated

Signature Charles H. Hutton M.D.
(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.) (Physician or midwife.)

Given name added from a supplemental report _____ Address Houma Ave
Month, day, year _____ Filed Sept 2 1926 P. J. Hutton
Registrar Registrar

102-881-5286

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
.. -in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.